Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001127 08/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2096281/IL125609 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.690a) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.690 Incidents and Accidents Attachment A a) The facility shall maintain a file of all written Statement of Licensure Violations reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the Illinois Department of Public Health

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001127 08/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5400 WEST 87TH STREET BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 progress notes or nurse's notes of that resident. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced

bv:

Based on interview and record review, the facility failed to provide care and services according to

immediately investigating suspicious redness and swelling to resident's (R1) right arm. This failure

accepted standards of practice by not

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	resulted in a delay in which it was then de obtained a fracture	n treatment of 2 days, in etermined that (R1) had to the right arm.			i							
	Findings include:											
	Assistant/CNA) on 8 a chance to report it There wasn't a nurs and appeared to be called off so I didn't been off for 3 days, her usual or not. She moved her; she didn'does that when she	h V6 (Certified Nurse 3/18/19 V6 stated, "I didn't get to the nurse; not at that time. e there. Her right arm was red swollen. One of the nurses get a chance to report it. I had so I didn't know if that was e just made a sound when I o't say she was in pain. She is turned. I moved her as to the think that I										
	8/18/20 regarding Rifirst time I heard any	n V2 (Director of Nursing) on 1's bruise, V2 stated, "No, the thing, V1 (Administrator) told near anything from the staff."		34								
	patient care on R1, \ diaper twice on my s	NV6 on 8/19/20 regarding V6 stated, "I changed her hift. I didn't notice anything when I changed her both ess to her arm."			•							
	resident, V6 stated, 'changed them the fir something, I would rethat causes me alarmurse as soon as I sethe unit at the time. I would have asked thresident had that; but	eport that. If I see anything n, I would report that to the ee it. There was no nurse on only had R1 that night. I										

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PRINTED: 09/22/2020 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001127 08/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 someone. By the time I got through finishing up my rounds, the nurse was not there. I worked 11pm-7am shift; that was Saturday morning." During interview with V2 on 8/19/20 regarding staff report of any change in resident condition. V2 stated, "They should report any abnormalities, bruises, skin tears, falls; they should report it to the nurse immediately, as soon as they notice something is wrong. The nurses should chart every shift on the residents. A progress note should be charted. I can't tell you why the nurses did not chart anything. I don't know why no one charted; there is no excuse for that." During interview on 8/20/20 V1 stated nothing was reported by V6 on Friday (7/31/20). When V1 was asked about facility policy on bruises of unknown origin, V1 stated. "To report to the nurse and then investigate." When V1 was asked about when the abuse investigation started for R1, V1 stated, "The investigation started on 8/3/20 at 11:55 am when the nurse was aware of the situation." During interview at 9:54 AM, V14 (Physician) stated, "The facility has the third eye when caring for the residents and I was notified on Monday (August 3rd). I get contacted when there is any change of status." During interview at 10:20 AM, V2 was asked if V6 reported R1's redness to her right arm to any staff on Friday (7/31/20 11-7 shift); V2 stated, "No she didn't." V2 was asked if an abuse investigation was started for R1 on Friday (7/31/20); V2 stated. "No we didn't know anything on Friday the 31st. Nothing was started until Monday when the nurse found out."

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001127 08/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5400 WEST 87TH STREET BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 Record review did not show an incident report documented for R1 for 7/31/20. During record review from 7/24/20 7am-7pm shift - 8/2/20 7am-7pm shift, there are no assessments documented from nursing staff on R1. Record review indicates: On 8/2/20 at 8:15pm V9 (Licensed Practical Nurse) documented R1 had a bruise to the right arm and x-ray ordered. At 3:03 AM V9 documented R1 had a severely displaced fracture on the right arm per x-ray. MD notified; to see primary MD in am. On review of R1's progress notes, on 8/3/20 V14's note states R1 x-ray showing fracture; unknown if she had a fall. Nothing documented at this point. R1's 8/2/20 Radiograph of the Right Humerus states: humeral neck with severely displaced fracture. Soft tissue swelling identified. V6's General Orientation Checklist For All New Employees affirms completion of Abuse and Neglect Policy on 12/21/17. The Certified Nurse Assistant Job Description states: Job Summary: The purpose of this position is to assist the nurses in the providing of resident care

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Main duties:

Job Requirements:

regulations as related to duties.

primarily in the area of the daily living routine.

5. Knowledge of JACHO, OBRA, IDPH, and HFS

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING: \_\_ C B. WING IL6001127 08/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 H. Report any changes in resident's condition e.g. eating habits, behavior, temperature, etc. to the charge nurse of the unit. L. Complete assignment report to charge nurse at the end of every shift. P. Detect and report situations that have a high probability of causing accidents or injuries to residents and/or staff. V6's Job Description Acknowledgement, signed on 8/14/17, states: Administrative functions: Report all changes in the resident's condition to the Nurse Supervisor/Charge Nurse as soon as practical. The Charge Nurse Job Description states: Organize and assign all jobs to be done on his/her shift so that the work load is evenly divided among his/her employees on the basis of staff size and qualifications, pass medications at the appropriate times, and care for the clinical nursing needs on residents on his/her wing. Job Requirements: 7. Knowledge of JACHO, OBRA, IDPH, and HFS regulations related duties and responsibilities Main duties: O. Direct charting in his/her shift and make monthly detailed evaluation of all resident charting so that charts reflect progress and condition of residents in the EMR system. Q. Make rounds and observe individual residents who are experiencing episodes of acute illness. deterioration in health status, recent injury, recovering from surgery, etc. so as to be acquainted with the resident's status, both physically and emotionally and to ascertain that

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and making the necessary changes to prevent

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6001127 08/19/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 future occurrences: - filing accurate and timely investigative reports. Procedures: V. Internal Reporting Requirements and Identification of Allegations Employees are to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who had been designated to act in the administrator's absence. Reports will be documented, and a record kept of the documentation. Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicions of potential abuse. neglect, exploitation, mistreatment or misappropriation of resident property. Upon learning of the report, the administrator or designee shall initiate an incident investigation. Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health

immediately, but not more than two hours of the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.

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	The nursing staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the resident for other bruises, laceration or pain.  The resident's physician and representative, if necessary, shall be notified of any incident or allegation of abuse, neglect, exploitation, mistreatment or misappropriation of resident										
	property.	(B)									
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